

Attention: All Providers

National Provider Identifier (NPI) Seminars

National Provider Identifier (NPI) seminars are being held during the month of March 2007. Seminars are intended for providers that would like more detailed information on how N.C. Medicaid will be implementing NPI.

The seminars are scheduled at the locations listed below. **Pre-registration is required.** Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

Providers may register for the NPI seminars by completing and submitting the following registration form or online at http://www.dhhs.state.nc.us/dma/semreg/seminar_npi.aspx. Sessions will begin at 9 a.m. and end at 12 p.m. Providers are encouraged to arrive by 8:45 a.m. to complete registration.

Tuesday, March 6, 2007	Wednesday, March 7, 2007	
Hickory Metro Convention Center	Crowne Plaza and Resort	
1960 13 th Ave Drive S.E.	One Holiday Inn Drive	
Hickory, North Carolina	Asheville, North Carolina	
Thursday, March 8, 2007	Tuesday, March 13, 2007	
Holiday Inn Express	Crystal Coast Civic Center	
1700 Winkler Street	3505 Arendell Street	
Wilkesboro, North Carolina	Morehead City, North Carolina	
Thursday, March 15, 2007	Monday, March 19, 2007	
Coastline Convention Center	Holiday Inn Select	
501 Nutt Street	5790 University Parkway	
Wilmington, North Carolina	Winston-Salem, North Carolina	
Tuesday, March 20, 2007	Thursday, March 22, 2007	
The Blake Hotel	Jane S. McKimmon Center	
555 S. McDowell Street	1101 Gorman Street	
Charlotte, North Carolina	Raleigh, North Carolina	
Tuesday, March 27, 2007	Wednesday, March 28, 2007	
Hilton	Hampton Inn	
207 S.W. Greenville Blvd	115 Hampton Drive	
Greenville, North Carolina	Edenton, North Carolina	

EDS, 1-800-688-6696 or 919-851-8888

NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly!



National Provider Identifier (NPI) March 2007 Seminar Registration Form

(No Fee)

Provider Name		
Medicaid Provider Number	NPI Number	
Mailing Address		
City, Zip Code	County	
Contact Person	E-mail	
Telephone Number()	Fax Number	
1 or 2 person(s) will attend the seminar at (circle one)	(location)	on(date)

Please fax completed form to: 919-851-4014
Please mail completed form to:
EDS Provider Services
P.O. Box 300009
Raleigh, NC 27622

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